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**Comments of the American Thoracic Society
before the EPA Clean Air Scientific Advisory Committee
Presented by Brenda Marsh MD**

February 11, 2020

My name is Dr. Brenda Marsh and I am assistant professor of pulmonary and critical care medicine at the Oregon Health and Science University. My comments today are on the behalf of the American Thoracic Society. The ATS is a medical professional society dedicated to the prevention, detection, treatment and cure of pulmonary disease, critical care illnesses and sleep disordered breathing. We pursue our mission through research, education and advocacy.

General Comments

The Process was Rushed

The ATS continues to believe that the process to draft and finalize both ozone integrated policy assessment and the ozone policy assessment was rushed, lacked appropriate expertise and ultimately does not serve the interest of the public.

The Process Suffered from the Lack of CASAC Ozone Expert Advisory Committee

While there are many flaws in the process, the ATS is particularly concerned with the decision to eliminate the CASAC expert advisory committee. EPA's decision to eliminate the ozone expert panel from the review process undermines the validity of the process.

The CASAC Expert Consultants were Insufficient to Replace Lost Ozone Expert Advisory Committee Input

EPA's decision to use expert consultants to replace the expertise lost by the ozone advisory panel was woefully insufficient. As an example of the deficits of the consultant process in supporting CASACs consideration of the ozone standard, one CASAC member posited this question about the O3 ISA:

"Please comment on the strengths and weaknesses of the epidemiology literature with regard to CV effects of short-term ozone exposure. Are there key studies that are missing? Are the remaining weaknesses, along with the other new evidence, sufficient to justify the change in causality determination?"

Of the 8 CASAC consultant experts, 4 indicated that this question was outside their field of expertise; one responded with a non-scientific opinion: "I see mortality causality as binary, ozone can be deadly or not"; one consultant supported the downgrade of the ozone mortality causality assessment by citing 4 of her own statistical methodology papers (none of which were primary research papers of O3 exposure and mortality); and a final consultant supported the downgrade based on issues of confounding, even though the ISA did not cite



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confounding as the reason to downgrade the association. In summary, none of the consultants actually answered the question posited to them by CASAC about key studies or new evidence to justify the change. The ATS recognizes that each of CASAC consultants do have expertise, however that expertise was not well suited to support the CASAC ozone review process.

CASAC Should Recommend A More Protective Ozone NAAQS of 60 ppb

As ATS recommended in the 2008 ozone review and the 2015 ozone review – CASAC should recommend and EPA should implement a more protective standard of 60 ppb. Since ATS first adopted this recommendation in 2008, the evidence supporting adverse human health effects at levels exposure below the current standard has only gotten stronger in the intervening years. Evidence from US and international epidemiology studies, chamber studies and other lines of investigation provide growing documentation of adverse human health effects below the current standard.

CASAC comments of Policy Assessment Document

Restore the traditional review process

As noted before, the ATS has grave concerns with the process used to develop the current ozone ISA and PA documents. We strongly agree with CASACs recommendation to, “restoring a traditional interactive discussion process in which the CASAC can interact directly with external expert panels...” (page 2, lines 7, 8). Returning to the traditional process with an officially convened expert advisory committee with nationally recognized experts will dramatically improve the scientific integrity and public confidence in the CASAC review process.

I appreciate the opportunity to present these comments on behalf the ATS.



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